Pharmacy NewsCapsule

Division of Supportive Living (DSL)/Bureau of Quality Assurance (BQA)

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Dysphagia and Medications

Doug Englebert
Pharmacy Practice Consultant PRQI

Dysphagia, or difficulty swallowing, is a root cause for many problems in elderly individuals. Dysphagia can lead to pneumonia and involuntary weight loss, which are major reasons for death in the elderly population.

What is the cause of dysphagia? Dysphagia can develop as a body ages, but it can also be a side effect from various medications. Some medications that can lead to dysphagia include alendronate, anticholinergics, corticosteroids, iron, nonsteroidal antiinflammatories, potassium and quinidine. A complete evaluation of dysphagia should include a review of the medications and may result in the elimination of the medications or changes in dosage to address the dysphagia.

In addition, many other medications can lead to dry mouth, which may complicate dysphagia. These medications include analgesics, anticonvulsants, antihistamines, antidepressants, antihypertensives, antipsychotics, antispasmodics, diuretics, decongestants and sleep medications.

In review, a thorough evaluation of dysphagia should include a comprehensive evaluation of medications. Interdisciplinary reviewers should discuss risks and benefits of continuing medications, changing to different medications, stopping medications or implementing other interventions to address dysphagia and the subsequent problems that it causes.

Medication Adjustments

Doug Englebert
Pharmacy Practice Consultant PRQI

How much medication is needed? When an order is first written, it is based on an average dose, the patient's individual characteristics, and the recommended guidelines for that medication. Depending on the patient's response to the medication, there may be a need for an adjustment. When there is an inappropriate response to medication, several questions should be raised to determine the adjustment. Should the dose be increased or decreased? How soon should the change be made to the medication? How long after starting the medication before one could expect to see a response? Below are some examples to help understand why questions and answers are important.

First let's look at pain medication. Typically doctors may start a person in pain on Vicodin®. Vicodin® is typically effective for 3-4 hours before another dose is needed. If a patient continues to have pain that is unrelieved with this dose, a call should be made to the physician to determine if an adjustment to the dose or if a new medication is needed. When it comes to increasing doses for persons in severe pain, guidelines typically suggest increasing the dose by 50-100 percent. Increases for moderate pain would be 25-50 percent. How soon these dose adjustments are made depends on the medication. If the medication is a drug that lasts for 12 hours then the drug could be increased every 12 hours. If it is a drug that is effective for 3-4 hours then the (cont)

Inside This Issue		
1	Dysphagia and Medication	
1	Medication Adjustment	
2	New Drugs	
2	Drugs in Focus	
2	Med Error Corner	
4	Consultant's Corner	

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New Drugs

Doug Englebert Pharmacy Practice Consultant PRQI

Brand Name	Generic Name	Use
Benicar	Olmesartan	Treatment of hypertension.
Faslodex	Fulvestrant	Estrogen receptor blocker for treatment of breast cancer.
Remodulin	Treprostinil	Pulmonary arterial hypertension
Vfend	Voriconazole	Antifungal for treatment of apergillosis and other severe infections.

Med Error Corner

Doug Englebert Pharmacy Practice Consultant

How long should a health care provider monitor patients and residents after a medication error? A lot depends on the medication, but it is also patient and resident specific.

For example, a medication error occurred when a patient who was not diabetic received insulin intended for another patient in the room. The dose of insulin was fairly large because the diabetic patient was unstable. How long should the patient who received the insulin in error be monitored?

Determining the type of insulin is critical in determining how long to monitor. Some insulin can work up to 24 hours and therefore that patient would need to be monitored closely for at least 24 hours. If the insulin was a short-acting insulin, the monitoring may be necessary for less time. The medication type is critical in judging how long to monitor.

In other cases the patient condition may determine how long a facility may need to monitor. For example, a person who has kidney failure may keep a drug in their system much longer than a person with normal functioning kidneys. Therefore, the person with kidney failure may need to be monitored much longer.

It is imperative when medication errors are identified that the physician and all other appropriate individuals are made aware of the error. Physicians should be contacted to determine the appropriate course of action and be provided with accurate information about what happened. This includes identifying all the medications in question and any response that may already have taken place, including the administration of the correct medications.

Focus Drug of the Month

Doug Englebert
Pharmacy Practice Consultant PRQI

IM Antipsychotics

Probably the most common intramuscular (IM) antipsychotic is Haldol® or haloperidol. Other IM antipsychotics include thiothixene and fluphenazine. Some IM antipsychotics, including Haldol Deconoate and Prolixin Deconoate. are formulated to be given as a single injection every 3-4 weeks. These long acting IM formulations allow a physician to treat a person who has schizophrenia who may forget to take his or her medications. Instead, this person only needs an injection once every few weeks. Long-acting IM antipsychotics are usually not an inappropriate use concern.

Fast acting IM antipsychotics, however, usually raise a red flag in the minds of many providers, consumers, and regulators, especially when they are used in the elderly and persons with developmental disabilities. The concern is that these drugs are being used as a chemical restraint. Some healthcare providers have adopted a zero tolerance policy and do not use IM injections in their facilities.

There is no doubt that from a regulator's perspective fast acting IM antipsychotic use should be investigated to determine whether the facility complied with legal requirements and did the following:

- Assessed and documented what happened to require the antipsychotic use.
- 2) Documented what other interventions were attempted prior to using the IM antipsychotic.
- 3) Documented the outcome and evaluated whether the intervention was appropriate.

 Cont. on page 3

Adjustments--Continued from page 1

dose could be increased every 3-4 hours.

Let's look at another example. Warfarin is a drug used for thinning the blood to prevent strokes, heart attacks and other blood clotting concerns. When Warfarin is first started, an average dose is chosen. Then daily blood tests are taken to adjust the dose until the person is at a stable level as specified by the physician. Once the person's level is stable, blood tests may be taken once a month and doses adjusted monthly if necessary.

A third example might be cholinesterase inhibitor medications. These are medications for Alzheimer's disease. These medications may have two types of adjustments. One type of adjustment is done to prevent side effects. Some of these medications may cause GI upset. To prevent side effects it is recommended that the lowest dose be used first and then slowly increased every 2 weeks until the required dose is reached. Other adjustments occur after the person has had time to respond to the medication. It may take many weeks before an effect is seen with these medications. Physicians may evaluate the drug's effectiveness weeks after starting it and adjust the medication at that time. With some of these medications side effects may show up before any benefit is seen.

A final example is insulin. Insulin adjustments often occur before each dose is administered after a blood glucose reading had been taken. Patients who do not routinely monitor blood glucose may have adjustments based on hemoglobin A1C readings taken less frequently and other clinical information.

Medication adjustments are variable. As surveyors you review resident or patient medications. Understanding when medication adjustments should be occurring allows you to better evaluate if the facility is properly monitoring the medications they are providing. You will be able to evaluate when pain medications should be adjusted if the patient or resident is still in pain. You will be able to evaluate if a medication has potential to provide benefit even when side effects may be occurring. This allows you to ask questions as to how and what providers may be monitoring to assure the benefit of the drug outweighs its risks.

You can make more efficient use of your investigation time if you know how medications should be adjusted.

Capsule Quiz

For those of you have responded to the quizzes thank you. The winner of the quiz in the March/April issue was Ann Angell in the Southern Regional Office. She correctly identified the information on Bextra.

This issue's question is: What is serotonin syndrome?

Answers from surveyors are accepted until September 30, 2002. A winner will be randomly drawn from the correct answers.

Continued from page 2

This does not mean that IM antipsychotics cannot be used. In some circumstances the fast acting IM antipsychotic can be very appropriate. Therefore, facilities that adopt "zero tolerance" policies may find that there could be instances where not allowing IM antipsychotics means they would be unable to provide care to meet a resident's needs.

Another thought to keep in mind in regards to "zero tolerance" and IM psychotropics is that Geodon® recently was approved for a new IM formulation. In addition, Zyprexa® will soon have a new IM formulation approved. Experts have indicated that the use for these IM formulations will be to provide loading doses of the antipsychotic in an effort to get the antipsychotic medications to work sooner. They also have been shown to have a relatively immediate calming effect without the sedation that may occur with haloperidol or lorazepam. These new IM medications are not yet available so their specific use in practice is not known.

It is imperative that there be a legitimate purpose for the use of any antipsychotic medication. These medications are very potent and can have significant side effects - some that are irreversible. Facilities and practitioners need to take precautions when using the medications, but adopting "zero tolerance" policies may eliminate the appropriate use of some of the new antipsychotics that are about to hit the market.

If there are medications you would like featured here please send an email to Doug at engleda@dhfs.state.wi.us

Consultant's Corner

Doug Englebert

Pharmacy Practice Consultant PRQI

This section will appear in each issue and will contain information that will answer your questions. If there is a topic about which you want more detailed information, please drop me an e-mail at engleda@dhfs.state.wi.us and I'll research the topic.

1. What is the expiration date for inhalers that have been opened?

Each inhaler has an expiration date when it comes from the manufacturer. In addition, when some inhalers are opened, activated, mixed or removed from the foil package, an additional shorter expiration is activated. The exact expiration is dependent on the product. Surveyors should check the manufacturer's guidelines or contact the pharmacy practice consultant if there are questions on expiration dates. Surveyors should expect facilities to have a policy in place to track the expirations to assure the medications are not used after the expiration date.

2. Is insulin administered after a meal considered a medication error?

Most insulins that are rapid acting need to be given before a meal, some up to 30 minutes prior to a meal. However, some of the newer fast-acting insulins and the long acting insulins can be administered after a meal. If there is a question as to the timing of an insulin administration, surveyors should check whether the facility has orders or other information that allows them to administer insulin after meals or at other odd times. Surveyors should also check the information on the insulin provided by the manufacturer. Finally, surveyors can contact the pharmacy practice consultant to discuss how the insulin was administered.

3. Can a doctor enter a licensed pharmacy within a licensed facility, i.e. hospital or nursing home, and dispense medications when the pharmacist is not there?

Although a physician has the authority to dispense medications, a licensed pharmacist must be present when medications are dispensed from a licensed pharmacy. Sec. 450.09(2), Wis. Stats.

4. Can "bag balm" that is labeled "for veterinarian use only" be used for people? ("bag balm" is a topical product used for cows udders)

Doctors are allowed to prescribe various medications for unapproved reasons. For example, doctors may use docusate, which is a stool softer, in the ear to soften earwax. If as surveyor you come across unconventional uses for medications, ask the facility and physician to provide information supporting the off-label use of the medication.

5. Can surveyors cite a facility for starting a medication that may not be considered first line therapy? (first line therapy is the first medication listed for various practice guidelines or standards)

Various federal and state regulations for all provider types may contain language that refers to providers following the standards of practice in patient care. In very few cases do the regulations state a specific standard and in most cases the standard is not defined. In these cases surveyors often refer to standards that are generally accepted and adopted by major organizations like the Centers for Disease Control, American Medical Association, American Pain Society, Food and Drug Administration, etc. Surveyors may investigate a practice that does not comply with generally accepted standards. If health care providers have a rational reason for not following the standards and the resident or patient seems to be functioning well, this situation probably is not a violation or deficiency. As with all standards or clinical practice guidelines, there will always be patients and residents who do not fit neatly into that guideline. In order to provide that person the best care, it may be necessary to treat that person outside of the guidelines. It is a good idea for a healthcare provider to document the rationale for a practice that is outside of established guidelines.

References are available upon request.